

## HUMAN RIGHTS COMMITTEE VOLUNTEER APPLICATION

Applicant's Name (*Last, First, M.I.*): \_\_\_\_\_

Home Phone No.: \_\_\_\_\_ Work Phone No. (*if applicable*): \_\_\_\_\_

Address (*No., Street, City, State, ZIP*): \_\_\_\_\_

Current employment (*if applicable*): \_\_\_\_\_

Describe your current community service activities.

Describe any experiences you have had working with a person with a developmental disability, either within your family or in the community.

How did you hear about the Human Rights Committee (HRC)? \_\_\_\_\_

How do you believe you can contribute to the work of the HRC?

Are you willing to commit to a year of active participation with the HRC? \_\_\_\_\_

Are you aware of any potential conflict of interest (e.g., do you or any immediate family member derive any income through employment or contract with the Division of Developmental Disabilities or any of its service providers or contractors)? If so, please explain.

Is there anything else you would like to tell us about yourself or your interest in serving on the HRC?

Have you had any related professional experience?

Describe your volunteer experience (where, when, type of work).

**TELL US ABOUT YOUR CURRENT OR PREVIOUS EMPLOYMENT**

Are you currently employed?    Yes        No

Name of current or previous employer: \_\_\_\_\_

Employer Address (No., Street, City, State, ZIP): \_\_\_\_\_

Supervisor's name and phone number: \_\_\_\_\_

Length of employment: \_\_\_\_\_

**TRAVEL RELATED EXPENSES**

If you choose to be paid for travel related expenses, please provide your Arizona Driver's License Number: \_\_\_\_\_

**DES CERTIFICATION OF CRIMINAL OFFENSE**

Have you ever been convicted of or found by a court of law to have committed a sex, drug and/or act of violence offense; child abuse or neglect; contributed to the delinquency of a minor?    Yes        No

All volunteers must complete the DES Certification of Criminal Offense (DES-1027A), as required by DES Policy (DES 1-01-17).

**LIABILITY COVERAGE**

Volunteers are persons doing State of Arizona work/activities under the direction and control of a State authorized official and are not being paid. Liability coverage is extended to volunteers acting at the direction of a State official and within the course and scope of their State authorized activities. Volunteers of the State are provided the same liability protection afforded employees. Thus, volunteers acting within the course and scope of their State authorized activities may be covered for their liability exposure as authorized volunteers of the State.

**WORKERS' COMPENSATION IS NOT COVERED**

Volunteers are **NOT** covered by the State's workers' compensation plan if injured while participating in this program (except volunteers covered pursuant to A.R.S. § 23-901). Volunteers are strongly encouraged to obtain their own medical insurance before participating in this program.

**I certify that the above responses are true to the best of my knowledge. I agree to allow DES to check my references. I have carefully read the above information and understand its contents.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_